



Town of Smyrna

Application for Committee, Commission, or Board appointment

Section 1 – Basic Information

Full Name:

(prefix/title, last, first, middle initial, suffix/designation)

Address:

(must be a resident within town limits)

Phone number:

Cell number:

Email:

Council District: ☐ 1 ☐ 2 ☐ 3

Registered to vote: ☐ yes ☐ no

Please list any elected or appointed office that you currently hold under the government of the United States, the State, County, or City:

Section 2 – Employment experience

Please provide your professional work history, most recent to least recent

Employer/Company:

Position/Title:

Start and End date:

Brief description of duties and responsibilities:

Employer/Company:

Position/Title:

Start and End date:

Brief description of duties and responsibilities:

Employer/Company:

Position/Title:

Start and End date:

Brief description of duties and responsibilities:

Section 3 – Professional Licenses and Certificates

if applicable

License/Certificate:

Date issued:

Status (active, inactive, pending):

Date expired:

License/Certificate:

Date issued:

Status (active, inactive, pending):

Date expired:

License/Certificate:

Date issued:

Date expired:

Status (active, inactive, pending):

License/Certificate:

Date issued:

Date expired:

Status (active, inactive, pending):

License/Certificate:

Date issued:

Date expired:

Status (active, inactive, pending):

License/Certificate:

Date issued:

Date expired:

Status (active, inactive, pending):

Section 4 – Education

Please provide your complete educational background. Dates do not need to be exact.

High School:

Certificate, diploma, or degree

Dates attended start:

completed:

College:

Certificate, diploma, or degree

Dates attended start:

completed:

Other:

Certificate, diploma, or degree

Dates attended start:

completed:

Section 5 – Organizations/Society Memberships, Previous Experience Serving on Committees, Community/Volunteer Experience

Please list all organizations and societies of which you have been, or are currently, affiliated.

Organization Name:

Previous:

Current:

Organization Name:

Previous:

Current:

Organization Name:

Previous:

Current:

Organization Name:

Previous:

Current:

Organization Name:

Previous:

Current:

Section 6 – Questionnaire

Please provide the name of the Committee, Commission, or Board on which you are interested in joining. See Committee, Commission, and Board Listing (this is to be a link to that page).

Provide any special knowledge, education, experience, qualities, or talent that qualifies you to serve on the Committee, Commission, or Board you listed above and how that would enhance the productivity of that Committee, Commission, or Board.

Please explain why you wish to serve on this Committee, Commission, or Board.

Do you, or spouse, or any immediate family members have any potential conflicts of interest, (personal or financial), that could require you to recuse yourself from vote of the Committee, Commission, or Board for which you are applying? If yes, please explain.

☐ no

☐ yes, explanation:

Do you, your spouse, or any immediate family members own real property, personal property, financial holdings, or receive income from any source which might present, or appear to present, a conflict of interest with your requested appointment. If yes, please explain.

☐ no

☐ yes, explanation:

Have you, your spouse, or any immediate family member ever been affiliated, (as an office, owners, director, trustee, partner, advisor, or consultant), with any institutions, (corporations, firms, partnerships, enterprises, non-profit organizations, etc), which might present, or appear to present, a potential conflict of interest with your requested appointment? If yes, please explain.

☐ no

☐ yes, explanation:

Do you have a personal or business relationship with any members of Town Council, members of any Committees, Commissions, or Boards, or employees of the Town of Smyrna? If yes, please list those members.

☐ no

☐ yes, members:

Have you ever been registered or served as a lobbyist, paid or unpaid, with the State of Delaware or any government organization? If yes, please list the organizations you represented.

☐ no

☐ yes, organizations:

Have you been convicted of a misdemeanor or felony as an adult? If yes, please explain.

☐ no

☐ yes, explanation:

Are you currently under any federal, state, or local investigation for violation of a criminal law? If yes, please explain.

☐ no

☐ yes, explanation:

Please list three references that are not related to you and would be able to speak to your ability to serve on this Committee, Commission, or Board.

- 1.
- 2.
- 3.

Acknowledgments

I acknowledge that I am in good financial standing with the Town of Smyrna, which includes being current on all taxes, utilities, and other obligations owed to the Town. ☐ no ☐ yes

I acknowledge that applications are public documents and are subject to disclosure under the Freedom of Information Act, (FOIA), of the State of Delaware. ☐ no ☐ yes

I acknowledge that if appointed, my personal information, (name, phone number, and address) will be available to the press and public. ☐ no ☐ yes

I acknowledge that if appointed, I am giving my commitment in preparing for and attending meetings and answering emails regularly. ☐ no ☐ yes

I certify that the information submitted in this application is true to the best of my knowledge and recognize that if any of the information included in this application is false, my application may be disqualified from consideration. If any information in this application changes during the consideration process or during my term, if appointed, I agree to submit the updated information to the Town's Business Office to be appended to my application as soon as possible. ☐ no ☐ yes

Signature:

Date:

The following questions are optional. They will enable the appointing authority to consider the appointment of a diverse group of individuals.

Are you a person with a disability? ☐ no ☐ yes

Do you have a relative with a disability? ☐ no ☐ yes

Gender:

Ethnicity: